

Executive Summary: HEAL Pain Strategic Planning Workshop
Health Equity and Pain Across the Life Course
December 6, 2024, 1:30-4:00 PM ET

Subcommittee members: Susmita Kashikar-Zuck (co-lead), Tamara Baker (co-lead), Quàna Madison (Person with lived experience), Tonya Palermo, Mary Janevic, Edwin Aroke, Staja (Star) Booker, Vani Mathur, Kate Nicholson, Soumitri Sil

Introductory remarks: Kathleen Sluka, HEAL Pain Strategic Planning Executive Committee Co-chair

Quàna Madison: The Evolution of My Pain Journey - Quàna shared her experience as person with chronic pain, her traumatic experiences of maltreatment and bias in healthcare, and how her early life experiences with pain as a teen and young adult shaped her lifelong experience of chronic pain.

Kate Nicholson: Equity Needs from a Community-Engaged Perspective: Gaps, Barriers, and Potential Priorities. Suggestions: Consider equity as a core issue across HEAL funding to ensure representation at all stages of research. Focus on methodology to study multiple social determinants of health and intersectional identities. Bias has a big impact on disparities; need to prioritize standardization and validation of training modules to mitigate bias in clinical care. Other needs include studying scalable interventions with collaborative research and pragmatic trials and to empower individuals with training in self-advocacy, treatment efficacy, navigating complex systems, and building resilience. She also suggested leveraging technology while being mindful of barriers like digital divide, and the danger of false beliefs among providers being embedded into AI methods.

Social Determinants of Biological Pain Mechanisms - Insights and Implications: **Edwin Aroke** gave an overview of new research linking biology (epigenetics; biological aging rate) to social determinants of health (such as socioeconomic status) and other social factors that impact chronic pain, such as stigma, as described in this paper: [The Pace of Biological Aging Predicts Nonspecific Chronic Low Back Pain Severity - The Journal of Pain](#). **Vani Mathur** described research linking social inequities and central sensitization, and their role in enhanced risk for chronic pain. Understanding these patterns in relation to adverse life experiences, including discrimination, could provide an intervention/prevention point. Adversity is accumulated across a lifetime, and the response to injury/trauma/challenge varies across the life course.

Tonya Palermo: Making pain in childhood matter: Improving equity to reduce the life-long impact of pain. Chronic pain is common in children, but undertreatment remains a major issue, in part due to stigma and myths that “growing pains” are normal, and kids

will “grow out of them.” Developmental transitions are times of particular vulnerability, including transition to young adulthood. Pain during early life has impacts throughout the life course; effects of adverse childhood experiences (ACE) are cumulative and greatly increase risk for future chronic pain. Tremendous opportunities and key research needs for pain interventions and prevention in childhood. Recommended reading: Eccleston et al., The Lancet [Delivering transformative action in paediatric pain: a Lancet Child & Adolescent Health Commission - The Lancet Child & Adolescent Health](#)

Social determinants, intersectionality, and equity, OH MY!: Justice in pain management for older adults. **Staja “Star” Booker**: Need to find solutions that are justice-based in healthcare/ research to move from identifying problems to creating systems, solutions that are justice-based and include communities. It requires understanding Social Determinants of Health (SDoH), Structural Determinants of Health, and Biobehavioral Determinants of Health to shift from disparity to equity to justice. To understand determinants of disparities, inequities, and outcomes, **Flavia Kapos** uses a multilevel framework, a dynamic model that demonstrates how 5 systems produce effects beyond their separate influences and are intersectional across the life course. Booker recommends the paper: [Social Determinants and Consequences of Pain: Toward Multilevel, Intersectional, and Life Course Perspectives - The Journal of Pain.](#)

Mary Janevic: How can pain-focused interventions account for and address structural and systemic drivers of inequities, and how to accelerate progress from describing disparities to achieving pain justice? Janevic described examples of studies and programs that have included social resources such as financial counseling, health care worker-led efforts, and other studies looking at systemic drivers of health inequities.

Additional discussion led by **Susmita Kashikar-Zuck and Tamara Baker**
Communication needs of people in how to describe their pain, which extends to many populations, not just non-verbal people. This could be addressed with better training and awareness for healthcare professionals in nuances of assessing pain qualities, features, etc. That includes reducing pain-related stigma and communication training in general for those delivering care. Pain measurement intersects with biomarkers and deep phenotyping of patients using many possible measures. There is a need to be aware of the burden that biomarkers can put on patients by looking at biological inputs and constantly tying them to the causative social determinants and lived experiences. We can only understand this complex problem if we see individuals with cumulative stress experiences layered on top of biology. There was a lot of engaged support in the chat for a public health campaign to educate patients, healthcare workers and the public on pain, its management and causes, and how to prevent and navigate it.